

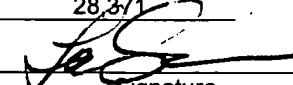
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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) M4065.0151/P151-A									
<p style="margin: 0;">In re Application of Vishnu K. Agarwal et al.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Filed</td> </tr> <tr> <td>09/930,960</td> <td>August 17, 2001</td> </tr> <tr> <td colspan="2" style="text-align: center;">For: MULTILAYER ELECTRODE FOR A FERROELECTRIC CAPACITOR</td> </tr> <tr> <td style="text-align: center;">Art Unit</td> <td style="text-align: center;">Examiner</td> </tr> <tr> <td style="text-align: center;">2814</td> <td style="text-align: center;">T. T. Doan</td> </tr> </table>		Application Number	Filed	09/930,960	August 17, 2001	For: MULTILAYER ELECTRODE FOR A FERROELECTRIC CAPACITOR		Art Unit	Examiner	2814	T. T. Doan
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Art Unit	Examiner										
2814	T. T. Doan										
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.											
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):											
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ 110.00 <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ _____ <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____											
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____											
<input type="checkbox"/> A check in the amount of the fee is enclosed.											
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.											
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.											
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1073</u>											
I have enclosed a duplicate copy of this sheet.											
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>28,371</u>											
<u>March 19, 2004</u> Date											
<u>(202) 828-2232</u> Telephone Number											
 Thomas J. D'Amico Typed or printed name											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below											
<input type="checkbox"/> Total of <u>1</u> forms are submitted.											